

Appendix 1 - Dependants

Dependant Information

Your Name _____

First Name
 Last Name
 Date of Birth (YYYY/MM/DD)
 Social Insurance Number
 Relationship
 Mental or Physical Impairment?
 If yes, do you have T2201 (Disability Tax Credit Cert.)
 from CRA?
 Childcare Expenses? If yes, please provide receipt
 Tuition?

Dependant 1		Dependant 2	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No

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 Childcare Expenses? If yes, please provide receipt
 Tuition?

Dependant 3		Dependant 4	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No